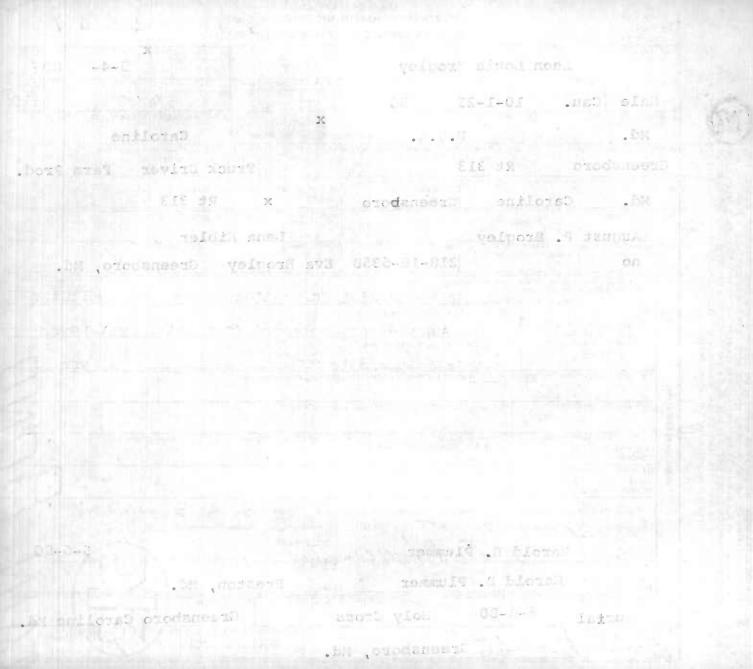
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0 35	FC	Md.		76 CITIZEN OF	U.S.	Α.	WIDOW	ED 🗆	VER MARRIE DIVORCEI			oline		M
DELAY IS TO THE N PAGE BE FILE DS, 301	G	reens	boro	Rt 3	III. NAME OF HOSPITAL, NURSING HOME, OR OTHE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) R THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)			ER INSTITUT		FOR MOST	OCCUPATION OF WORKING LIFE) C Driv	(TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Er Farm Prod.		
21201 2. AND 3 TG 2. AND 3 TG 3. RETAIN P SHOULD BE 1. RECORDS	13o. S	TATE Md.	Car	oline	13c. CITY	or town		YES T	NO 🕱		ADDRESS Rt 313			
PEATH DEATH NA PAND 2 OF AUTO	16a. \	AUGI NAS DECEASE ES, NO, OR UNKN	ust P. I	MIDDLE Brogley MED FORCES? WAR OR DATES)	16b. SOC	LAST		13. MOTHE FI	R'S MAIDEN	a Kil	ADDR ADDR	RESS	LAST	
ST., BALTI HOURS AF A 18. GIVE VG WITH MIT. PAGE VE, DIVISIG		18. CAUSE C	OF DEATH (Enter or	ily one cause per li		-16-5:	358	Eva	Brog	ley	Gree	nsbor	APPROXIA	AATE INTERVAL
TAL RECORDS, 301 W. PRESTON ST., BALTIMO HOULD BE EXECUTED WITHIN 24 HOURS AFTER BD. "PENDING". IN PENCIL IN ITEM 18, GIVE PA HHEF MEDICAL EXAMINER ALONG WITH FOR USED AS A BURIAL: TRANSIT PERMIT, PAGES 1 OF HEALTH AND MENTAL HYGIENE, DIVISION IL, CREMATION, OR REMOVAL.	NO	gave r cause (a lying ca	ins, if any, which ise to immediate () stating the under- use last.	DUE TO, C	rteri	O SOL O	roti	c CV	D		Previo	ous Mi) loy yrs	rs
OF VITAL REC ATE SHOULD WORD "PEN THE CHIEF N. ID BE USED / IENT OF HEA BURIAL, CREA	CERTIFICATION		FOPERATION			WHICH OPER	ATION W	AS PERFOR/	MED?				20 AUTOP	
DIVISION OF VITAL RECORDS, R: THIS CERTIFICATE SHOULD BE EXECUTE, WRITING THE WORD "PENDING", WANTARDED TO THE CHIEF MEDICAL SP. PAGE 3 SHOULD BE USED AS A BE ESTATE DEPARTMENT OF HEALTH AND STATE DEPARTMENT OF HEAL	MEDICAL CER	UNDERLYING CONTRIBUTE	AL CAUSE WAS G OR ING CAUSE OF OCCURRED NOT WHILE AT WORK	DEATH P.	OF INJURY .M. MONTH .M. E OF INJURY ACTORY, FARM, E	DAY YEAR 19 (AT HOME. TC.)	21f. LOC	ATION REET	OCCURRED		RE OF INJURY IN ITE		ART 2)	STATE
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, 17 PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIZE BALTMORE, MARYLAND, 212			ify that I taak charg	rol couses 🔯	Acident P Luncin		Autops	y . Homici TITLE (SF		Undetermi	ned manner	and in my o	5-6	-80
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE PAFTER DE/	23a B	EXAMINER'S (TYPE OR PRI	NAME HAI	cold B.		mer		ADDRESS_		ston				
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(VR A15 ME (5)) 30M 7/73	0	20th	5,60	ADDRE	Gree	nsbor	o, M	d.	250. DATE RE	Y 1 2	1980	holen		7



6	_ 1				DIVISION OF VITAL RE	CORDS, 30		TREET, BALTIMO		8 8 8	3
1	(0.0)	48.5					RTIFICATE OF	DEATH	Harris Town		
	FRAFE	É		CEASED-NAME First	Mid		Last	- 20	. DATE OF DEATH	V	2b. HOURP
	5 6.	dec		Ca	lvin B. But	ler			May 18.	1980	8:15
	n 24 hours after illed in by the fu papers. Pages I	s affer	3. SE	Male	4 RACE White		5. DATE OF E		6. AGE (In years last birthday)	IF UNDER 1 YEAR III MONTHS DAYS I	IF UNDER 24 HRS. HOURS MIN
	by by	00		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY	? 8.	MARRIED NEVER MA	APPIED 9. CO	OUNTY OF DEATH		
	24 h ed in apers.	وكدي	coun	MQ.	U.S.A.		WIDOWED DIVO	ORCED	Caroline		Md.
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the received by the hospital or ottending physicion. IRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the standard be detached for use as the burial-transit permit. Then please remove carbon papers. Pages	event, within /2		ITY OR TOWN OF DEATH Greensboro	give street oddress	N. 1	UTION (If not in hospital Main St.	during most of	CUPATION (Kind of work done working life, even if retired.)	12b. KIND OF BUINDUSTRY Barbe	
	ba	ent,	13a.	USUAL RESIDENCE (Where decease ssion) STATE	lived, if institution: Residence		c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	omi	255	duilli	Md.	13b. COUNTY Carol	ine	Greensbor	YES X NO	N. Mai	in St.	
	ond c	ony	14. F	ATHER'S NAME First	Middle	Last		MAIDEN NAME First	Middle		Last
	be c	5050		Harry F.	Butler		Vi	ola Whit	te	NE LA COMP	
	ertificate be physician o	ub /	16a.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 116b. SOCIAL	SECURITY NO.	17. INFORMANT		Address		
	tific hys) ()	_ Y	es, no, or unknown) (if yes give war	or dates of service)	10-4	700 Anna	Lee But	Ler Greens	sboro. M	id.
	cer The	OH.		IR. CAUSE OF DEATH (Enter only	one cause per line for (a) (b)					APPROXIMAT	TE INTERVAL
	attending permit. The	9		PART 1. DEATH WAS CAUSED			IA OF T	THE 1	ING	BETWEEN DINSE	I AND DEATH
	attendir.	, n		1629 IMMEDIAL	DUE TO, OR AS A CONSEQU			116	0,10	10/2	KS
	the carried	9		Canditions, if any, which gave		JENCE OF				/	
	.r. y th	e H		rise ta immediate cause (a),	(b) DUE TO, OR AS A CONSEQU	IENCE OF					
	The law requires that the ottending physicion. hos been signed by the se os the burial-tronsit pages.	purial, cremarian, or removol, and any		stating the underlying cause	(c)	JENCE UF					
	phys igne urio	DIA		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEA	THE BUT NOT	RELATED TO THE TERMINA	AL DISFASE OR CONDIT	TON GIVEN IN PART 1(a)		
	ng p		7	Chronic Ot	STRUCTIVE	PUL	monary	Disea			
	e law re tending s been os the	Degrup brior to	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATIO	N WAS PERFO	RMED 200. AUT		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERT	TIFYING
	The offe hos	2	TIFIC				YES	NO V	CAUSES OF DEATH?		
	AN: The			21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		-		re of injury in Part 1 or Part 2	Item 18)	
	Sicial Spitol Sp	7	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		19					
	G PHYSICIAL the hospitol this certifical detached for	State Dept. of		21d. INJURY OCCURRED 21e. P While Nat while at wark	LACE OF INJURY (AT HOME, FARM OFFICE BUILDIN	, STREET, FACTOR G, ETC.	21f. LOCATION Stre	eet ar R.F.D. Na.	City or Town	Caunty	State
	by t fter fter be	a die		22a. I certify that ((1) this	hospital) attended the	deceased	fram 7	1 19.78	, ta 5/18 1	980, thor	(We) last
	ND PA	<u> </u>		sow the deceased ali	ve on	19_	, and that in (m	(aur) apinian	death occurred on the d	ote and haur an	id from the
-	Oin				(I))(we) (did) (did not) vi	ew the boo	dy after deoth.		y (1 = 11 5" - 1 - 1	V	
	OR ATTENDING be retoined by OIRECTOR: After e 3 should be	IIM De		(Mustia)	r E. Jen	sen	ATTENDI	ING MED.	OR STAFF STAFF	DATE SIGNED	0
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law in Page 4 may be retoined by the hospital or oftending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the	De II		22d. PHYSICIAN'S CHRI	STIAN E. J	ENSE	226) ADI		err Ave, DET	ITON MO	21629
	de 4 UNI	onic	23o.	BURIAL, CREMATION, 735. DA	TE 23c. 1	NAME OF CEN	ETERY OR CREMATORY	[23d	LOCATION (City or Town)	(County)	(State)
	Page	STI		DEALGRANT TO 17 1		eens		1	Greensboro (,	
		5 40	241	UNERAL DIRECTOR		ADDRESS		25a. RECD RY REG	ISTRAR 25b. REGUE AR	S SIGNATURE	
	VR A1 45M -	1/69	6	okn &	oulooGree	ensbo	ro, Md.	DATE MAY 2	3 1980	Made	-

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5	1					DEPARIMENT				
5		m		DIVISION OF VITAL RECOR				MARYLAND 21201	3 8	9
					CERTIFI	CATE OF DEAT	TH			
=====	- F - F		ECEASED-NAME First	Middle		Lost	20. D.	ATE OF DEATH		2b. HOUR
Jean	funeral and 2 er death.	((ype or print)	eorge Washing	ton Har	rie		5-26-80 Doy	Yeor	1 A M
-0	fun fem	3. 5		4. RACE	COIL HELL	S. DATE OF BIRTH		6. AGE (In years	IF UNDER † YEAR	IF UNDER 24 HRS.
the of	ge ge	Г.	Male	Cau.		6-15-19	900	(Aspirthday) YRS.	MONTHS DAYS	HOURS MIN
Jurs	3	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MADDIED	NEVER MARRIED		ITY OF DEATH		
24 hc	papers, papers, hin 72 h	COU	Md.	U.S.A.	WIDOWED	DIVORCED [Caroline	5-1E3	Md
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death peretained by the basaital or aftending physician.	へい		Goldsboro	11. NAME OF HOSPITAL (give street oddress)	State F	not in hospitol 120.	. USUAL OCCUP ing most of wo Farmer	ATION (Kind of work done orking life, even if retired.)	12b. KIND OF I	SUSINESS OR
p ₀	campletely ove carbar y event, wi	130.		sed lived, if institution: Residence be	fore 13c. CITY O	R TOWN 13d. INSIDE		13e. STREET AND NUMBER		
cute	ample ve cal	odm	ission) STATE Md.	13b. COUNTY Caroli	ne Gold	sboro YES	NO 🗌	State Rt 3:	13	
exe	remove remove any ev	14.	ATHER'S NAME First	Middle Lo	ost 1	S. MOTHER'S MAIDEN NA	AME First	Middle		Lost
pe			George Ha	rris	(H)	Lena				?
9	lease and in		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17.	INFORMANT		Address		
ific	physician of please toval, and it)	es, no, or unknown) (If yes give v	war or dates of service) 213-0	1-7855	Mary Ha	rris	Goldsboro	Md.	
cert	ending phys nit. Then p ar removal,			nly one couse per Injector (o), (b), on		- 1		COTABBOL		ATE INTERVAL ISET AND GEATH
£	attending permit. The		PART I. DEATH WAS CAUSE	D BY:	na deal	Inla	it	11	BETWEEN ON	SET AND GEATH
оәр	attend permit. ian, ar r		I I I A - IMMEDIA	ATE CAUSE (o)	vunae	rigar	unos		acu	e .
he	pe pe		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE	/	Cardio	10000	lar disease	aho	11.
ŧ	nsit p		rise to immediate couse (a),	(b) 1100 (c) 100		Carulo	VOSCU,	ar arsease	4116	ille
£ .5	by tran cre		stating the underlying couse	DUE TO, OR AS A CONSEQUENC	E OF					
ires	signed by the att burial-transit per burial, crematian,			(c)						
OR ATTENDING PHYSICIAN: The law requires the be retained by the hasoital ar attending physician.	sig bu bu		PART 2. OTHER SIGNIFICANT, COI	NDITIONS CONTRIBUTING TO DEATH &	US NOT RELATED T	/ 1/ . « A	/ 1/ -		0. 0	
w ii	icate has been far use as the Health priar to	NO	Congeow	& Carquac J	une	, Chrowe o		THE STATE OF THE S	ease	
p p	s b as orio	CERTIFICATION	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CEI	RTIFYING
E to	ese 7	RTIF					10 🗌			
ž o	this certificate has detached for use to Dept. of Health p		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		21c. H	OW INJURY OCCURRED	(Enter noture	of injury in Port 1 or Port 2, I	tem 18.)	
it is	of the	MEDICAL	(If either, notify medical exami	iner) P.M.	19					
HYS	After this cel be detache State Dept.	ME	21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, STRE	ET, FACTORY.) 21f. L	OCATION Street or R.F.	D. No.	City or Town	County	Stote
<u>a</u> 9	this De	н	While Not while at work	Corrier Boilding, Cit		2/2	- 1.	1		
NI S	After I be d			nis hospital) attended they dec	eased_from	0/62	19/0,1	0/2/17 191	, thot	(I) (we) lost
S S	Id to		saw the deceased a	niveron 1	19	d that in (my) (our) apinion de	eath occurred on the da	e ond hour a	nd from the
A High	ECTOR: A shauld with the			e (I) (we) (did) (did nat) view	the bady atter	death.				
A A tel	3 st wit		22b. SYGNATURE	2 00101	hal	ATTENDING X	S MED.	STAFF 22c. C	ATE SIGNED	
	De		24900	ian stelloe	n Iller	LEE PHYS.	MED. DIRECTOR	☐ PHYS. ☐		
TO HOSPITAL	O FUNERAL DIRECTOR: director, page 3 should should be filed with the	8	22d. PHYSICIAN'S NAME (Type) C, E	F. JENSEN	1 m	D 22e. ADDRESS EN	101	1 MD 21	629	
HO	FC	230	BURIAL, CREMATION, 23b.		OF CEMETERY OF	CREMATORY	23d. L	OCATION (City or Town)	(County)	(Stote)
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	5/6/17/3		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1 11 11 11
6			REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	2 3 9 0
Y			EASED NAME FIRST	MIDDLE LAST ZO. DATE KNOWN MONTH	DAY YEAR 26. HOUR
0		(TYP	OBPRINT)	A A A A A A A A A A A A A A A A A A A	
	ARY, PLEASE DIRECTOR. OUR FILES. 172 HOURS ON STREET,		EUGHENE K	USSELL WOOSTER SR. DEATH MATED \$ 5	03,980 1AM
	MITTER DESCRIPTION OF THE STATE	3 SEX	4 RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d. HOUR
	IRE 1 ST	M	ALE WhITE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 5	03 QATEA
	PRESTON ST				7 3 1900 1-30/M
-	SSA SSA HIN FIN ESTO		REIGN COUNTY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUN	TY OF DEATH
4	## # E € # (0	IAI	ew lersen		MD.
Fred.	- 3 -	ID CI	TY OR TOWN OF DEATH.	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK	126 KIND OF BUSINESS
TIA		7		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ()	OR INDUSTRY
-	SEE SE	7	JENION /	12T2, BOX 62C WINISTON BUTTON MFG	
	3 TOE			DR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
0	I. IF ANY DELA 2, AND 3 TO 3. RETAIN SHOULD BE F I.I. RECORDS, 3	13a, 5			
21201	SHC SHC	MA	WACA SCI DE	Care Hous Aive	
o o	I N 4	14. FA	THER'S NAME	MIDDLE LAST FIRST MIDDLE	. A LAST
2		I M	lillana	Moncero Anna. M.	llen
OR E	FORM OF ON OF	16a. V	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	711511
¥	E G S S S			WAR OR DATES)	- c+ 11
BALTIMOR	URS AFI		140	136-03-0395 Ruth Jensen (daughter) Same	delemil
80	W. W. O. P.		18 CAUSE OF DEATH (Enter onl	ly one cause per lige (or (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.	A A A A		PART I DEATH WAS CAUSED	OBY: IVINOGADOIN TNEADOCTION	CICLITE
Z	A 24 HO A ITEM 1 ALONG T PERMIT		IMMEDIAT	TE CAUSE (o) / DUE TO, OR AS A CONSEQUENCE OF	acu.c
STC	AFE		410 -		1
PRESTON	E E E E E		Conditions, if any, which gave rise to immediate		Elmonie
3	PENCIL IN CAMINER A L-TRANSIT VENTAL HY REMOVAL		cause (a) stating the under-		
	N A A C		lying cause last.		
m	SECU G. P. BUR AND ON, O	100	BARY 2 OTHER CACHIFICANY CONDITIONS	(C)	
8		7	EMANAY COMMINIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMIHAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
8	"PEDING F MEDIC SED AS A HEALTH A CREMATIC	ō	LIVIVIVI		
	0 0 0 0			NAC	
OC.	SE FRES	3	190 DATE OF OPERATION	19b, CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TALR	Seing-	IFICATI	19a DATE OF OPERATION	19b, CONDITION FOR WHICH OPERATION WAS PERFORMED?	- V
VITAL R	Seing-	ERTIFICAT			YES NO.
OF VITAL RI	Seing-	L CERTIFICATION	210 EXTERNAL CAUSE WAS	19b, CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA	YES NO.
ON OF VITAL RI	Seing-		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	YES NO.
VISION OF VITAL RI	TIFICATE SHO S THE WORD TO THE CHI HOULD BE US ARTMENT OF		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA	YES NO
DIVISION OF VITAL RECORDS, 301	CERTIFICATE SHO	MEDICAL CERTIFICATI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 216. PLACE OF INJURY (AT HOME, STEPE) 216. LOCATION STEPES FACTORY FARM SET (STEPE)	YES NO.
DIVISION OF VITAL RI	THIS CERTIFICATE SHO WRITING THE WORD WARDED TO THE CHING AGE 3 SHOULD BE US TATE DEPARTMENT OF 1201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CO	YES NO
DIVISION OF VITAL RI	THIS CERTIFICATE SHO SWARDED TO THE CHI WARDED TO THE CHI PAGE 3 SHOULD BE US STATE DEPARIMENT OF 1201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 216. PLACE OF INJURY (AT HOME, STEPE) 216. LOCATION STEPES FACTORY FARM SET (STEPE)	YES NO.
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DIVISION OF VITAL RI	THIS CERTIFICATE SHO SWARDED TO THE CHI WARDED TO THE CHI PAGE 3 SHOULD BE US STATE DEPARIMENT OF 1201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charg	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN Co 10 of the remains described above, held an Autopsy , Inspection , Inquiry , and in my agard causes , Accident , Suicide , Hamicide , Undetermined manner ,	YES NO.
DIVISION OF VITAL R	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a. I certify that I taok charg death resulted from: Natur	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 216. PLACE OF INJURY (AT HOME, STREET) 217. LOCATION STREET CITY OR TOWN CO 19 of the remains described above, held an Autopsy Inspection Inquiry I	YES NO.
DIVISION OF VITAL RI	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charg	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 19 21f. LOCATION STREET CITY OR TOWN CO 19 21f. LOCATION CITY OR TOWN C	YES NO.
DIVISION OF VITAL RI	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I taak charg death resulted from: Natur ACTUAL	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21c. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21b. TIME OF INJURY (ATHOME, STREET) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA (CITY OR TOWN) CO 19 of the remains described above, held an Autopsy Inspection Inquiry and in my ap ral causes Accident, Suicide, Hamicide Undetermined manner, HTLE (SPECIFY) DATE	YES NO.
DIVISION OF VITAL RI	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I taak charg death resulted from: Natur ACTUAL	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21c. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21b. TIME OF INJURY (ATHOME, STREET) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 OR PA (CITY OR TOWN) CO 19 of the remains described above, held an Autopsy Inspection Inquiry and in my ap ral causes Accident, Suicide, Hamicide Undetermined manner, HTLE (SPECIFY) DATE	YES NO.
DIVISION OF VITAL RI	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE EXAMINER'S NAME CAY (TYPE OR PRINT)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CO 21d causes Accident Suicide M. Homicide Undetermined manner ATTLE (SPECIFY) MEDICAL EXAMINER DATE SIGNE	YES NO.
DIVISION OF VITAL RI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT OF CUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CO 21f. LOCATION STREET CITY OR TOWN CITY OR TOWN CITY OR TOWN CO 21f. LOCATION STREET CITY OR TOWN CITY	YES NO.
DIVISION OF VITAL RI	SXAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD IND BE FORWARDED TO THE CHI DIRECTOR, PAGE 3 SHOULD BE US WITH THE STATE DEPARTMENT OF ARYLAND, 21201 PRIOR TO BURIAL,	WEDICAL MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF E 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 220. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) BIAL. CREMATION, REMOVAL 2	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN CO Accident N. Homicide Undetermined manner N. HTLE (SPECIFY) MEDICAL EXAMINER SIGNE SIGNE ADDRESS DATE N. ACCIDENT AND ADDRESS DATE SIGNE ADDRESS DATE ADDRESS	VES NO.
DIVISION OF VITAL RI	TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIT OF CUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	WEDICAL MEDICAL	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that I took charg death resulted from: Natur ACTUAL SIGNATURE EXAMINER'S NAME CAY (TYPE OR PRINT)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DEATH P.M. 19 21c. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21b. TIME OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21c. PLACE OF INJURY (ATHOME, STREET) CITY OR TOWN CO TO THE (SPECIFY) M. D. DOULY MEDICAL EXAMINER DATE SIGNE 33b. DATE CITY OR TOWN CO DATE SIGNE ADDRESS DATE 23c. NAME OF CEMETERY OR CREMATORY M. D. DOULY MEDICAL EXAMINER CAPACEL AND MEM. 23d. DOCATION CAPACEL AND MEM.	YES NO.

The state of the s THAT ELLS LACE THE STREET AREA OF THE STREET OF THE STREET nemalist Commission of the State of the Stat The was allowed and the second of the second